

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/518098

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/			
2			/			
3			/			
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6			/			
7			1			
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TOTAL IND.			1	1	1	1
TOTAL DEP.			14	14	14	14
TOTAL CLAIMS			15	15	15	15

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.			1	1	1	1
TOTAL DEP.			14	14	14	14
TOTAL CLAIMS			15	15	15	15

BEST AVAILABLE COPY